DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC STREET ADDRESS, CITY, STATE, ZIP CODE 6381 LUTE RD PORTAGE, IN 46368 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGY TAGY (W 000) INITIAL COMMENTS This visit was for a post certification revisit to the fundamental annual recertification and state licensure survey conducted on February 10, 2012. This visit was done in conjunction with the post certification revisit to the investigation of complaint #IN00104501. Dates of Survey: April 11, 12 and 13, 2012. Facility number: 000600 Provider number: 15G044 AIM number: 100233500 Surveyor: Christine Colon, Medical Surveyor III/QMRP Opportunity Enterprises Inc., was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality Review completed 4/20/12 by Ruth								
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ADODATON					TITLE		(VE) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000600